

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Dear Business Owner:

Thank you for your interest in participating in the Unified Certification Program (UCP) of California for Disadvantaged Business Enterprises (DBEs). As mandated by the United States Department of Transportation (U.S. DOT) in the DBE Program, Final Rule 49 Code of Federal Regulations (CFR), Part 26, all U.S. DOT recipients of federal financial assistance must participate in a statewide UCP by March 2002. The UCP is a “One-Stop Shopping” certification procedure that will eliminate the need for DBE firms to obtain certifications from multiple agencies within the State.

The UCP of California is charged with the responsibility of certifying firms and compiling and maintaining the Database of certified DBEs for U.S. DOT grantees in California, pursuant to 49 CFR Part 26. The Database is intended to expand the use of DBE firms by maintaining complete and current information on those businesses and the products and services they can provide to all grantees of California.

Please complete the attached application and supplemental questionnaire if you wish to be considered for DBE certification and your business meets the following general guidelines:

- a) The firm must be at least 51% owned by one or more socially and economically disadvantaged individuals.
- b) The firm must be an independent business, and one or more of the socially and economically disadvantaged owners must control its management and daily operations.
- c) Only existing for-profit “Small Business Concerns,” as defined by the Small Business Act and Small Business Administration (SBA) regulations may be certified. DBE applicants are first subject to the applicable small business size standards of the SBA. Second, the average annual gross receipts for the firm (including its affiliates) over the previous three fiscal years must not exceed U.S. DOT’s cap of \$17.42 million.

For firm applying for airport concession DBE certification: The average annual gross receipts for the firm (including its affiliates) over the previous three fiscal years must not exceed \$30 million.

- d) The Personal Net Worth (PNW) of each socially and economically disadvantaged owner must not exceed \$750,000. The PNW **excludes** the individual’s ownership interest in the applicant firm and the equity in his/her primary residence.

For firm applying for airport concession DBE certification: A PNW is not required at this time.

Socially and economically disadvantaged individual means any individual who is a citizen of the United States (or lawfully admitted permanent resident) and who is a member of the following groups: Black American, Hispanic American, Native American, Asian-Pacific American, Subcontinent Asian American, or Women,

or

Any individual found to be socially and economically disadvantaged on a case-by-case basis by a certifying agency pursuant to the standards of the U.S. DOT 49 CFR Part 26.

In order to avoid unnecessary delays, please complete all portions of the application and supplemental questionnaire, placing "N/A" next to items that are not applicable. Include all copies of documents requested on the application, and have the *Affidavit of Certification*, *Affidavit of Social and Economic Disadvantage* and *Personal Net Worth Statement* notarized. Additional documentation may be requested if it is considered necessary to make a certification determination. Incomplete applications/supplemental questionnaires or applications/supplemental questionnaires without all the required documents will not be evaluated until such documents are submitted. We recommend keeping a copy of all submitted documents for your records.

REMEMBER: It is no longer necessary to apply at more than one agency. If your firm meets the criteria for certification, it will be entered into the Database of DBEs for all U.S. DOT grantees in California. Only firms currently certified as eligible DBEs may participate in the DBE programs of U.S. DOT grantees of California.

The California UCP has established four Regional DBE Certification Clusters throughout the State to effectively facilitate statewide DBE certification activities. Please forward your completed certification packet to **one** of the agencies serving the county where your firm has its principal place of business. (See enclosed Roster of Certifying Agencies.)

For Out-of-State Firms: The California UCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state. If your firm is located outside of California and is currently certified as a DBE at its home state, please forward your completed certification packet, along with copies of your certification letter and DBE certificate, to the California Department of Transportation. (See page 3 of the enclosed Roster of Certifying Agencies.)

CALIFORNIA UNIFIED
CERTIFICATION PROGRAM

**INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE)
PROGRAM UNIFORM CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State your firm's or your contact person's email address.
- (7) State your firm's website address, if any.
- (8) State the street address of your firm (i.e., the physical location of its offices – not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) State the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) State the date on which your firm was officially established, as stated in your firm's Articles of Incorporation or charter.

- (4) State the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation or charter. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) Your firm has been a subsidiary of any other firm;
 - (b) Your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) Your firm has owned any percentage of any other firm; and
 - (d) Your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's function or title held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's function or title held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e., for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

(1) Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered

"Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) State the main phone number of your firm's bank branch.
- (c) State the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) State your agent's/broker's phone number.
- (d) State your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the name of the person securing the loan, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of license or permit, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety.

Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

① Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

② Is there an easier way to apply?

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form.

NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.

③ Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.

④ Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/index/tableofsize.html> (provides a listing of NAICS codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, Governmentwide Debarment and Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? (If Yes, check appropriate box(es))	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ____ / ____ / ____ State: ____ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a) <input type="checkbox"/> SDB	<input checked="" type="checkbox"/> STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on ____ / ____ / ____ <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:
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Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:	
(3) Phone #:	(4) Other Phone #:	(5) Fax #:	
(6) E-mail:		(7) Website (if have one):	
(8) Street address of firm (No P.O. Box):	City:	County/Parish:	State: Zip:
(9) Mailing address of firm (if different):	City:	County/Parish:	State: Zip:

B. Business Profile

(1) Describe the primary activities of your firm:		(2) Federal Tax ID (if any):	
(3) This firm was established on ____ / ____ / ____		(4) I/We have owned this firm since: ____ / ____ / ____	
(5) Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain)			
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.	

(7) Type of firm <i>(check all that apply)</i> : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____											
(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____											
(9) Number of employees: Full-time _____	Part-time _____	Total _____									
(10) Specify the gross receipts of the firm for the last 3 years: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Year _____</td> <td style="width: 33%;">Total receipts \$ _____</td> <td style="width: 33%;"></td> </tr> <tr> <td>Year _____</td> <td>Total receipts \$ _____</td> <td></td> </tr> <tr> <td>Year _____</td> <td>Total receipts \$ _____</td> <td></td> </tr> </table>			Year _____	Total receipts \$ _____		Year _____	Total receipts \$ _____		Year _____	Total receipts \$ _____	
Year _____	Total receipts \$ _____										
Year _____	Total receipts \$ _____										
Year _____	Total receipts \$ _____										

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Other Firm's name: _____ Explain nature of shared facilities: _____		
(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(c) owned any percentage of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(d) had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each <i>(attach extra sheets, if needed)</i> :		
<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		
3.		

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, then list <i>(attach extra sheets, if needed)</i> :				
<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.				
2.				

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>):		City: State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>Check all that apply</i>): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (<i>specify</i>) _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>
(3) Percentage owned:		Cash	\$
(4) Familial relationship to other owners:		Real Estate	\$
		Equipment	\$
		Other	\$
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>			
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____			
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____			

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged)

(1)	What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Net Worth calculator form at the end of this application; attach additional sheets if more than one owner is applying)</i>
(2)	Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>attach additional sheets if needed</i>):

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):

	Name	Title	Ethnicity	Gender
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

☐ Yes ☐ No

If Yes, identify for each: Firm Name: _____ Person: _____
Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? ☐ Yes ☐ No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____

(c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) **Bonding Information:** If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.)(attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- ☐ Work experience resumes (include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- ☐ Personal Financial Statement (form available with this application)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g., both sides of cancelled checks*)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American
Native American Asian- Pacific American
Subcontinent Asian American
Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE



PERSONAL FINANCIAL STATEMENT

CALIFORNIA UNIFIED CERTIFICATION PROGRAM

As of _____, _____

Complete this form for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged).

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$		Accounts Payable	\$	
Savings Accounts	\$		Notes Payable to Banks and Others	\$	
IRA or Other Retirement Account	\$		(Describe in Section 2)		
Accounts & Notes Receivable	\$		Installment Account (Auto)	\$	
Life Insurance-Cash Surrender Value Only	\$		Mo. Payments \$		
(Complete Section 8)			Installment Account (Other)	\$	
Stocks and Bonds	\$		Mo. Payments \$		
(Describe in Section 3)			Loan on Life Insurance	\$	
Real Estate	\$		Mortgages on Real Estate	\$	
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$		Unpaid Taxes	\$	
Other Personal Property	\$		(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	
Other Assets	\$		(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	
Total	\$		Net Worth	\$	
			Total	\$	

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1.

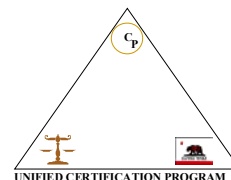
*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)					
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
Section 7. Other Liabilities. (Describe in detail.)					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)					
<small>I authorize member agencies of the California Unified Certification Program (CUCP) to make inquiries as necessary to verify the accuracy of the statements made and to determine my financial status. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining eligibility to participate in the U.S. Department of Transportation Disadvantaged Business Enterprise (DBE) program. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).</small>					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		
<small>PLEASE NOTE: This form was adapted from SBA Form 413(3-00)[OMB APPROVAL NO. 3245-0188, EXPIRATION DATE: 11/30/2004] pursuant to 49 Code of Federal Regulations Part 26, as amended. In accordance with SBA form 413 the estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.</small>					

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Supplemental Questionnaire

For firm applying for airport concession DBE certification: A Supplemental Questionnaire is not required at this time.

Firm Name: _____

1. Is the firm's principal place of business in California? Yes_____ No_____

If no, please include copies of the firm's certification letter and DBE certificate issued in its home state. (The California UCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state.)

2. Is the firm authorized to do business in the State of California? Yes_____ No_____

3. List all office locations in California: _____

4. Has the firm ever done business with any U.S. DOT Grantees of California? Yes_____ No_____

If yes, please indicate the agency name(s) and latest year(s):

Agency	Latest Year

Agency	Latest Year

5. Is there an upcoming project in which the firm is interested and therefore, would need to be certified prior to a specific date in order to be counted toward DBE participation? Yes_____ No_____

If yes, please answer the following:

Agency letting contract: _____

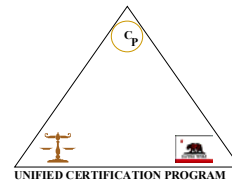
Contract number and name: _____

Bid opening date (If Request for Proposal, submission due date): _____

6. Indicate areas where you prefer to do your work. You may select Statewide (SW) to indicate you are willing to work anywhere in the State.

SW Statewide	10 Fresno	20 Madera	30 Orange	40 San Luis Obispo	50 Stanislaus
01 Alameda	11 Glenn	21 Marin	31 Placer	41 San Mateo	51 Sutter
02 Alpine	12 Humboldt	22 Mariposa	32 Plumas	42 Santa Barbara	52 Tehema
03 Amador	13 Imperial	23 Mendocino	33 Riverside	43 Santa Clara	53 Trinity
04 Butte	14 Inyo	24 Merced	34 Sacramento	44 Santa Cruz	54 Tulare
05 Calaveras	15 Kern	25 Modoc	35 San Benito	45 Shasta	55 Tuolumne
06 Colusa	16 Kings	26 Mono	36 San Bernardino	46 Sierra	56 Ventura
07 Contra Costa	17 Lake	27 Monterey	37 San Diego	47 Siskiyou	57 Yolo
08 Del Norte	18 Lassen	28 Napa	38 San Francisco	48 Solano	58 Yuba
09 El Dorado	19 Los Angeles	29 Nevada	39 San Joaquin	49 Sonoma	

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Work Category Codes

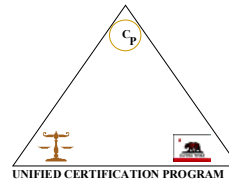
Please review the enclosed Work Category Codes list and indicate below areas of expertise that you prefer to perform in order of importance. DBE applicants are first subject to the applicable small business size standards of the Small Business Administration (SBA). Second, the average annual gross receipts for the firm (including its affiliates) over the previous three fiscal years must not exceed the U.S. Department of Transportation's cap of \$17.42 million. Please note that size standards are subject to change at any time by the SBA. To determine if the firm meets SBA's and U.S. DOT's size standards, please contact one of the certifying agencies on the enclosed roster.

For firm applying for airport concession DBE certification: The average annual gross receipts for the firm (including its affiliates) over the previous three fiscal years must not exceed \$30 million.

Work Code

Title (Description of Work/Service)

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Work Category Codes

AGRICULTURE, FORESTRY, AND FISHING

A0110	CASH GRAINS
A0130	FIELD CROPS, EXCEPT CASH GRAINS
A0160	VEGETABLES & MELONS
A0170	FRUITS & TREE NUTS
A0180	HORTICULTURAL SPECIALTIES
A0190	GENERAL FARMS, PRIMARILY CROP
A0210	LIVESTOCK, EXCEPT DAIRY AND POULTRY
A0240	DAIRY FARMS
A0250	POULTRY & EGGS
A0270	ANIMAL SPECIALTIES
A0290	GENERAL FARMS, PRIMARILY ANIMAL
A0710	SOIL PREPARATION SERVICES
A0720	CROP SERVICES
A0740	VETERINARY SERVICES
A0750	ANIMAL SERVICES, EXCEPT VETERINARY
A0760	FARM LABOR & MANAGEMENT SERVICES
A0780	LANDSCAPE & HORTICULTURAL SERVICES
A0810	TIMBER TRACTS
A0830	FOREST PRODUCTS
A0850	FORESTRY SERVICES
A0910	COMMERCIAL FISHING
A0920	FISH HATCHERIES & PRESERVES
A0970	HUNTING, TRAPPING, GAME PROPAGATION

MINING

B1010	IRON ORES
B1020	COPPER ORES
B1030	LEAD & ZINC ORES
B1040	GOLD & SILVER ORES
B1060	FERROALLOY ORES, EXCEPT VANADIUM
B1080	METAL MINING SERVICES
B1090	MISC METAL ORES
B1220	BITUMINOUS COAL & LIGNITE MINING
B1230	ANTHRACITE MINING
B1240	COAL MINING SERVICES
B1310	CRUDE PETROLEUM & NATURAL GAS
B1320	NATURAL GAS LIQUIDS
B1380	OIL & GAS FIELD SERVICES
B1410	DIMENSION STONE
B1420	CRUSHED & BROKEN STONE
B1440	SAND & GRAVEL
B1450	CLAY, CERAMIC, & REFRACTORY MINERALS
B1470	CHEMICAL & FERTILIZER MINERALS
B1480	NONMETALLIC MINERALS SERVICES
B1490	MISC NONMETALLIC MINERALS

CONSTRUCTION

C0600	MISC SUPPLIERS
C0612	SAFETY
C0620	LANDSCAPING & NURSERY
C0624	PETROLEUM, OIL, LUBRICANTS
C0625	SAND & GRAVEL
C0626	GRANITE & MARBLE
C0639	ASPHALT
C0649	PILINGS
C0651	CONCRETE & CEMENT
C0652	REINFORCING BAR SECTION
C0655	STEEL
C0656	DOORS & FRAMES
C0657	LUMBER
C0658	PAPER
C0659	PAINT
C0670	PIPE
C0680	FENCING
C0683	GUARD RAILINGS & BARRIERS
C0685	PAVEMENT MARKERS
C0686	ELECTRICAL & SIGNALS
C0687	GLASS & GLASS BLOCK
C0698	BUILDING MATERIAL
C0699	TOOLS
C0700	CONSTRUCTION STAKING
C1200	CONSTRUCTION AREA SIGNS
C1201	TRAFFIC CONTROL SYSTEM
C1522	RESET, ADJUST ROADWAY ITEMS
C1531	PLANE ASPHALT CONCRETE
C1575	REMOVE BRIDGE ITEM
C1580	MODIFY BRIDGE ITEM
C1601	CLEARING & GRUBBING
C1701	DEVELOP WATER SUPPLY
C1801	DUST PALLIATIVE
C1901	ROADWAY EXCAVATION
C1910	GRADING
C1920	STRUCTURE EXCAVATION
C1925	SHAPED BEDDING
C1930	STRUCTURE BACKFILL
C1940	DITCHES EXCAVATION
C1970	EMBANKMENT CONSTRUCTION
C1980	IMPORTED BORROW
C2000	HIGHWAY PLANTING
C2020	SOIL AMENDMENTS
C2021	HYDROSEEDING
C2030	EROSION CONTROL

CONSTRUCTION (Continued)

C2065	IRRIGATION SYSTEM	C6800	SUBSURFACE DRAIN
C2201	FINISHING ROADWAY	C6811	EDGE DRAIN
C2401	LIME TREATMENT	C6815	HORIZONTAL DRAIN
C2501	AGGREGATE SUBBASE	C6819	FILTER FABRIC
C2602	AGGREGATE BASE	C6820	PERMEABLE MATERIAL
C2700	CEMENT TREATED BASE	C6900	DOWNDRAIN
C2800	CONCRETE BASE	C7000	PLASTIC PIPE
C3600	PENETRATION TREATMENT & PRIME COAT	C7006	CORRUGATED STEEL PIPE INLET & RISER
C3701	SEAL COAT	C7026	CORRUGATED STEEL PIPE ENERGY DISSIPATOR
C3901	ASPHALT CONCRETE	C7035	WELDED STEEL PIPE
C3910	PAVING ASPHALT (ASPHALT CONCRETE)	C7041	JACKED WELDED STEEL PIPE
C3930	PAVEMENT REINFORCING FABRIC	C7065	DEBRIS RACK-DRAINAGE GATE
C3940	PLACE ASPHALT CONCRETE DIKE & MISC	C7112	REINFORCED CONCRETE SEWER PIPE
C3990	RECYCLE, RECLAIM ASPHALT CONCRETE	C7140	CLAY SEWER PIPE
C4010	PORTLAND CEMENT & CONCRETE PAVEMENT	C7160	ASBESTOS-CEMENT SEWER PIPE
C4040	CLEAN & SEAL PAVEMENT JOINTS - ROUT & SEAL CRACKS	C7180	CAST IRON SEWER PIPE
C4101	PAVEMENT SUBSEALING & JACKING	C7191	SEWER MANHOLE
C4201	GROOVE & GRIND PAVEMENT	C7194	JUNCTION CHAMBER
C4901	FURNISH & DRIVE PILING	C7200	ROCK SLOPE PROTECTION
C4906	CAST-IN-DRILLED-HOLE CONCRETE PILING	C7215	CONCRETED-ROCK SLOPE PROTECTION
C5000	PRESTRESSING CONCRETE CAST-IN-PLACE	C7218	AIR-BLOWN MORTAR (SLOPE PAVING)
C5100	CONCRETE STRUCTURE	C7250	SACKED CONCRETE
C5105	MINOR CONCRETE STRUCTURE	C7301	CONCRETE CURB & SIDEWALK - MISC
C5110	CONCRETE SURFACE FINISH	C7405	DRAINAGE PUMPING EQUIPMENT
C5111	CONCRETE OVERLAY - DRILL & BOND	C7410	PUMPING PLANT ELECTRICAL EQUIPMENT
C5120	FURNISH PRECAST CONCRETE DECK UNIT	C7415	ENGINE GENERATOR SET
C5124	ERECT PRECAST CONCRETE	C7500	MISC IRON & STEEL FRAME, COVER & GRATE
C5135	CONCRETE BLOCK & MASONRY RETAINING WALL	C7505	MISC BRIDGE METAL PUMPING PLANT METAL
C5136	REINFORCED CONCRETE CRIB WALL	C7600	DEVELOP, TEST, DRILL, MAINTAIN WELLS
C5150	CORE CONCRETE - REPAIR BRIDGE DECK	C8000	FENCING
C5180	SOUND WALL (MASONRY BLOCK - CONCRETE)	C8101	SURVEY OR HISTORICAL MONUMENT
C5190	JOINT SEAL - WATER STOP	C8201	OBJECT MARKER
C5201	REINFORCING STEEL	C8320	METAL BEAM GUARD RAILING
C5301	AIR-BLOWN MORTAR	C8330	METAL RAILING
C5310	PIPE LINING (CEMENT MORTAR)	C8331	CONCRETE BARRIER
C5401	WATERPROOFING	C8391	METAL BEAM BARRIER
C5501	STEEL STRUCTURES	C8405	THERMOPLASTIC TRAFFIC STRIPE & MARKING
C5570	STEEL CRIB WALL	C8406	PAINTED TRAFFIC STRIPE & MARKING
C5601	SIGN STRUCTURE	C8501	PAVEMENT MARKING
C5620	ROADSIDE SIGN	C8602	SIGNAL & LIGHTING
C5701	LUMBER & TIMBER	C8603	SIGNAL
C5900	CLEAN & PAINT STEEL	C8604	LIGHTING
C6101	RAILROAD WORK	C8605	MESSAGE SIGNS, LIGHTING & SIGN ILLUMINATION
C6200	ALTERNATIVE PIPE CULVERT	C8608	DETECTOR
C6301	CAST-IN-PLACE CONCRETE PIPE	C8609	TRAFFIC COUNT STATION
C6401	ASBESTOS-CEMENT PIPE	C8610	SPEED MONITORING STATION
C6500	REINFORCED CONCRETE PIPE	C8611	RAMP METERING SYSTEM
C6552	JACKED REINFORCED CONCRETE PIPE	C8700	CONSULTANT
C6591	NON-REINFORCED CONCRETE PIPE	C8701	BUSINESS ADMINISTRATION
C6650	CORRUGATED METAL PIPE (CSP)	C8702	MANAGEMENT INFORMATION SYSTEMS
C6680	JACKED CORRUGATED STEEL PIPE)	C8703	TRAFFIC ENGINEER
C6700	STRUCTURAL STEEL PLATE PIPE, ARCH & PIPE ARCH	C8704	ARCHITECTURAL
		C8705	DESIGN

CONSTRUCTION (Continued)

C8706	DESIGN BRIDGES
C8707	FEASIBILITY STUDIES
C8710	ENGINEERING
C8711	COMPUTER
C8712	PUBLIC RELATIONS
C8716	ARCHITECTURAL ENGINEER
C8720	CIVIL ENGINEERING
C8721	RIGHT OF WAY ENGINEER
C8722	ENVIRONMENTAL ENGINEER
C8730	SAFETY STUDIES
C8740	ELECTRICAL ENGINEERS
C8742	MECHANICAL ENGINEERS
C8744	LANDSCAPE ARCHITECTS
C8750	REAL ESTATE
C8760	SURVEYOR
C8761	GEOPHYSICS
C8765	DRAFTING
C8770	CONSTRUCTION MANAGEMENT
C8900	RAIL CAR SERVICES
C8901	AIR CONDITIONING/SHEET METAL
C8902	HEATING
C8903	ELECTRICAL
C8904	GLASS INSTALLATION
C8905	SEATS
C8906	AUTO SERVICE
C8907	MACHINING
C8908	PERSONNEL TRANSPORTATION
C9602	BOTTOM DUMP TRUCKING
C9605	FLAT BED TRUCKING
C9632	HAZARDOUS WASTE TRUCKING
C9670	TRUCK RENTAL
C9771	TRUCK BROKER
C9774	TRUCKER
C9801	BUILDING CONSTRUCTION
C9810	SMALL STRUCTURES
C9822	CARPENTRY
C9826	LAND SURVEYING
C9827	DRYWALL CONSTRUCTION
C9828	CRANE WORK
C9829	RETAINER WALLS
C9830	WALL COVERING
C9834	CABINETRY
C9835	LATHING
C9836	PLASTERING
C9837	ROOFING
C9838	CERAMIC TILE
C9839	CARPET & DRAPES
C9840	FLOOR COVERING
C9842	MASONRY
C9846	ADDITIONS, ALTERATIONS OR REPAIRS
C9850	PLUMBING
C9852	EXTERMINATORS
C9854	PAINTING STRUCTURES

C9858	RESIDENTIAL ELECTRICAL
C9860	WATER METER & TEMP FACILITIES
C9862	RESIDENTIAL AIR CONDITIONING & SHEET METAL
C9864	SHOWER DOORS & MIRROR INSTALLATION
C9866	HEATING & AIR CONDITIONING
C9868	INSULATION
C9869	ASBESTOS REMOVAL/ABATEMENT
C9872	SEWER CONNECTION
C9874	HARDWARE (ROUGH)
C9876	HARDWARE (FINISH)
C9878	SIDING, STUCCO, VENEER
C9901	MISC SERVICES - CALTRANS FACILITIES
C9902	FUEL SYSTEMS
C9903	CONSTRUCTION CLEAN UP
C9904	CORING
C9905	CUTTING
C9906	SANDBLASTING
C9907	CONSTRUCTION EQUIPMENT RENTAL
C9908	HEAVY EQUIPMENT RENTAL
C9947	ELEVATOR
C9980	DEMOLITION
C9981	BUILDING MOVER
C9988	MOVING & STORAGE
C9999	BROKER (FOR FEE ONLY)

MANUFACTURING

D2010	MEAT PRODUCTS
D2020	DAIRY PRODUCTS
D2030	PRESERVED FRUITS & VEGETABLES
D2040	GRAIN MILL PRODUCTS
D2050	BAKERY PRODUCTS
D2060	SUGAR & CONFECTIONERY PRODUCTS
D2070	FATS & OILS
D2080	BEVERAGES
D2090	MISC FOOD & KINDRED PRODUCTS
D2110	CIGARETTES
D2120	CIGARS
D2130	CHEWING & SMOKING TOBACCO
D2140	TOBACCO STEMMING & REDRYING
D2210	BROADWOVEN FABRIC MILLS, COTTON
D2220	BROADWOVEN FABRIC MILLS, MANMADE
D2230	BROADWOVEN FABRIC MILLS, WOOL
D2240	NARROW FABRIC MILLS
D2250	KNITTING MILLS
D2260	TEXTILE FINISHING, EXCEPT WOOL
D2270	CARPETS & RUGS
D2280	YARN & THREAD MILLS
D2290	MISC TEXTILE GOODS
D2310	MEN'S & BOYS' SUITS & COATS
D2320	MEN'S & BOYS' FURNISHINGS
D2330	WOMEN'S & MISSES' OUTERWEAR
D2340	WOMEN'S & CHILDREN'S UNDERGARMENTS
D2350	HATS, CAPS, & MILLINERY

MANUFACTURING (Continued)

D2360	GIRLS' & CHILDREN'S OUTERWEAR	D3220	GLASS & GLASSWARE, PRESSED OR BLOWN
D2370	FUR GOODS	D3230	PRODUCTS OF PURCHASED GLASS
D2380	MISC APPAREL & ACCESSORIES	D3240	CEMENT, HYDRAULIC
D2390	MISC FABRICATED TEXTILE PRODUCTS	D3250	STRUCTURAL CLAY PRODUCTS
D2410	LOGGING	D3260	POTTERY & RELATED PRODUCTS
D2420	SAWMILLS & PLANING MILLS	D3270	CONCRETE, GYPSUM, & PLASTER PRODUCTS
D2430	MILLWORK, PLYWOOD & STRUCTURAL MEMBERS	D3280	CUT STONE & STONE PRODUCTS
D2440	WOOD CONTAINERS	D3290	MISC NONMETALLIC MINERAL PRODUCTS
D2450	WOOD BUILDINGS & MOBILE HOMES	D3310	BLAST FURNACE & BASIC STEEL PRODUCTS
D2490	MISC WOOD PRODUCTS	D3320	IRON & STEEL FOUNDRIES
D2510	HOUSEHOLD FURNITURE	D3330	PRIMARY NONFERROUS METALS
D2520	OFFICE FURNITURE	D3340	SECONDARY NONFERROUS METALS
D2530	PUBLIC BUILDING & RELATED FURNITURE	D3350	NONFERROUS ROLLING & DRAWING
D2540	PARTITIONS & FIXTURES	D3360	NONFERROUS FOUNDRIES (CASTINGS)
D2590	MISC FURNITURE & FIXTURES	D3390	MISC PRIMARY METAL PRODUCTS
D2610	PULP MILLS	D3410	METAL CANS & SHIPPING CONTAINERS
D2620	PAPER MILLS	D3420	CUTLERY, HANDTOOLS, & HARDWARE
D2630	PAPERBOARD MILLS	D3430	PLUMBING & HEATING, EXCEPT ELECTRIC
D2650	PAPERBOARD CONTAINERS & BOXES	D3440	FABRICATED STRUCTURAL METAL PRODUCTS
D2670	MISC CONVERTED PAPER PRODUCTS	D3450	SCREW MACHINE PRODUCTS, BOLTS, ETC.
D2710	NEWSPAPERS	D3460	METAL FORGINGS & STAMPINGS
D2720	PERIODICALS	D3470	METAL SERVICES, NEC
D2730	BOOKS	D3480	ORDNANCE & ACCESSORIES, NEC
D2740	MISC PUBLISHING	D3490	MISC FABRICATED METAL PRODUCTS
D2750	COMMERCIAL PRINTING	D3510	ENGINES & TURBINES
D2760	MANIFOLD BUSINESS FORMS	D3520	FARM & GARDEN MACHINERY
D2770	GREETING CARDS	D3530	CONSTRUCTION & RELATED MACHINERY
D2780	BLANKBOOKS & BOOKBINDING	D3540	METALWORKING MACHINERY
D2790	PRINTING TRADE SERVICES	D3550	SPECIAL INDUSTRY MACHINERY
D2810	INDUSTRIAL INORGANIC CHEMICALS	D3560	GENERAL INDUSTRIAL MACHINERY
D2820	PLASTICS MATERIALS & SYNTHETICS	D3570	COMPUTER & OFFICE EQUIPMENT
D2830	DRUGS	D3580	REFRIGERATION & SERVICE MACHINERY
D2840	SOAP, CLEANERS, & TOILET GOODS	D3590	INDUSTRIAL MACHINERY, NEC
D2850	PAINTS & ALLIED PRODUCTS	D3610	ELECTRIC DISTRIBUTION EQUIPMENT
D2860	INDUSTRIAL ORGANIC CHEMICALS	D3620	ELECTRICAL INDUSTRIAL APPARATUS
D2870	AGRICULTURAL CHEMICALS	D3630	HOUSEHOLD APPLIANCES
D2890	MISC CHEMICAL PRODUCTS	D3640	ELECTRIC LIGHTING & WIRING EQUIPMENT
D2910	PETROLEUM REFINING	D3650	HOUSEHOLD AUDIO & VIDEO EQUIPMENT
D2950	ASPHALT PAVING & ROOFING MATERIALS	D3660	COMMUNICATIONS EQUIPMENT
D2990	MISC. PETROLEUM & COAL PRODUCTS	D3670	ELECTRONIC COMPONENTS & ACCESSORIES
D3010	TIRES & INNER TUBES	D3690	MISC ELECTRICAL EQUIPMENT & SUPPLIES
D3020	RUBBER & PLASTICS FOOTWEAR	D3710	MOTOR VEHICLES & EQUIPMENT
D3050	HOSE & BELTING & GASKETS & PACKING	D3720	AIRCRAFT & PARTS
D3060	FABRICATED RUBBER PRODUCTS, NEC	D3730	SHIP & BOAT BUILDING & REPAIRING
D3080	MISC PLASTICS PRODUCTS, NEC	D3740	RAILROAD EQUIPMENT
D3110	LEATHER TANNING & FINISHING	D3750	MOTORCYCLES, BICYCLES, & PARTS
D3130	FOOTWEAR CUT STOCK	D3760	GUIDED MISSILES, SPACE VEHICLES, PARTS
D3140	FOOTWEAR, EXCEPT RUBBER	D3790	MISC TRANSPORTATION EQUIPMENT
D3150	LEATHER GLOVES & MITTENS	D3810	SEARCH & NAVIGATION EQUIPMENT
D3160	LUGGAGE	D3820	MEASURING & CONTROLLING DEVICES
D3170	HANDBAGS & PERSONAL LEATHER GOODS	D3840	MEDICAL INSTRUMENTS & SUPPLIES
D3190	LEATHER GOODS, NEC	D3850	OPHTHALMIC GOODS
D3210	FLAT GLASS	D3860	PHOTOGRAPHIC EQUIPMENT & SUPPLIES

MANUFACTURING (Continued)

D3870	WATCHES, CLOCKS, WATCHCASES & PARTS
D3910	JEWELRY, SILVERWARE, & PLATED WARE
D3930	MUSICAL INSTRUMENTS
D3940	TOYS & SPORTING GOODS
D3950	PENS, PENCILS, OFFICE, & ART SUPPLIES
D3960	COSTUME JEWELRY & NOTIONS
D3990	MISC MANUFACTURES

TRANSPORTATION & PUBLIC UTILITIES

E4010	RAILROADS
E4110	LOCAL & SUBURBAN TRANSPORTATION
E4120	TAXICABS
E4130	INTERCITY & RURAL BUS TRANSPORTATION
E4140	BUS CHARTER SERVICE
E4150	SCHOOL BUSES
E4170	BUS TERMINAL & SERVICE FACILITIES
E4210	TRUCKING & COURIER SERVICES, EX. AIR
E4220	PUBLIC WAREHOUSING & STORAGE
E4230	TRUCKING TERMINAL FACILITIES
E4310	U. S. POSTAL SERVICE
E4410	DEEP SEA FOREIGN TRANS. OF FREIGHT
E4420	DEEP SEA DOMESTIC TRANS. OF FREIGHT
E4430	FREIGHT TRANS. ON THE GREAT LAKES
E4440	WATER TRANSPORTATION OF FREIGHT, NEC.
E4480	WATER TRANSPORTATION OF PASSENGERS
E4490	WATER TRANSPORTATION SERVICES
E4510	AIR TRANSPORTATION, SCHEDULED
E4520	AIR TRANSPORTATION, NONSCHEDULED
E4580	AIRPORTS, FLYING FIELDS, & SERVICES
E4610	PIPELINES, EXCEPT NATURAL GAS
E4720	PASSENGER TRANSPORTATION ARRANGEMENT
E4724	TRAVEL SERVICE
E4730	FREIGHT TRANSPORTATION ARRANGEMENT
E4740	RENTAL OF RAILROAD CARS
E4780	MISC TRANSPORTATION SERVICES
E4810	TELEPHONE COMMUNICATIONS
E4820	TELEGRAPH & OTHER COMMUNICATIONS
E4830	RADIO & TELEVISION BROADCASTING
E4840	CABLE & OTHER PAY TV SERVICES
E4890	COMMUNICATIONS SERVICES, NEC
E4910	ELECTRIC SERVICES
E4920	GAS PRODUCTION & DISTRIBUTION
E4930	COMBINATION UTILITY SERVICES
E4940	WATER SUPPLY
E4950	SANITARY SERVICES, NEC
E4952	SEWERAGE SYSTEMS
E4953	WASTE COLLECTION AND DISPOSAL
E4954	HAZARDOUS WASTE COLLECTION AND DISPOSAL
E4960	STEAM & AIR-CONDITIONING SUPPLY
E4970	IRRIGATION SYSTEMS

SUPPLIERS (Construction suppliers listed in Construction section.)

F5030	LUMBER AND CONSTRUCTION MATERIAL
F5040	PROFESSIONAL & COMMERCIAL EQUIPMENT
F5044	OFFICE EQUIPMENT
F5045	COMPUTERS, PERIPHERALS & SOFTWARE
F5050	METALS & MINERALS, EXCEPT PETROLEUM
F5060	ELECTRICAL GOODS
F5070	HARDWARE, PLUMBING & HEATING EQUIPMENT
F5080	MACHINERY, EQUIPMENT, & SUPPLIES
F5085	COMPUTER EQUIPMENT & SUPPLIES
F5088	TRANSPORTATION EQUIPMENT & SUPPLIES
F5090	MISC DURABLE GOODS
F5110	PAPER & PAPER PRODUCTS
F5130	APPAREL, PIECE GOODS, & NOTIONS
F5140	GROCERIES & RELATED PRODUCTS
F5150	FARM-PRODUCT RAW MATERIALS
F5160	CHEMICALS & ALLIED PRODUCTS
F5170	PETROLEUM & PETROLEUM PRODUCTS
F5180	BEER, WINE, & DISTILLED BEVERAGES
F5190	MISC NONDURABLE GOODS
F5210	LUMBER & OTHER BUILDING MATERIALS
F5230	PAINT, GLASS, & WALLPAPER STORES
F5251	HARDWARE STORES
F5260	RETAIL NURSERIES & GARDEN STORES
F5270	MOBILE HOME DEALERS
F5310	DEPARTMENT STORES
F5330	VARIETY STORES
F5390	MISC GENERAL MERCHANDISE STORES
F5410	GROCERY STORES
F5420	MEAT & FISH MARKETS
F5430	FRUIT & VEGETABLE MARKETS
F5440	CANDY, NUT, & CONFECTIONERY STORES
F5450	DAIRY PRODUCTS STORES
F5460	RETAIL BAKERIES
F5490	MISC FOOD STORES
F5510	NEW & USED CAR DEALERS
F5520	USED CAR DEALERS
F5530	AUTO & HOME SUPPLY STORES
F5540	GASOLINE SERVICE STATIONS
F5550	BOAT DEALERS
F5560	RECREATIONAL VEHICLE DEALERS
F5570	MOTORCYCLE DEALERS
F5590	AUTOMOTIVE DEALERS, NEC
F5610	MEN'S & BOYS' CLOTHING STORES
F5620	WOMEN'S CLOTHING STORES
F5630	WOMEN'S ACCESSORY
F5640	CHILDREN'S & INFANTS' WEAR STORES
F5650	FAMILY CLOTHING STORES
F5660	SHOE STORES
F5690	MISC APPAREL & ACCESSORY STORES
F5710	FURNITURE & HOMEFURNISHINGS STORES
F5720	HOUSEHOLD APPLIANCE STORES
F5730	RADIO, TELEVISION, & COMPUTER STORES

SUPPLIERS (Construction suppliers listed in Construction section.)

F5810	EATING & DRINKING PLACES
F5820	CATERING
F5910	DRUG STORES & PROPRIETARY STORES
F5920	LIQUOR STORES
F5930	USED MERCHANDISE STORES
F5940	MISC SHOPPING GOODS STORES
F5960	NONSTORE RETAILERS
F5980	FUEL DEALERS
F5990	RETAIL STORES, NEC
F5992	FLORIST

FINANCE INSURANCE & REAL ESTATE

H6010	CENTRAL RESERVE DEPOSITORIES
H6020	COMMERCIAL BANKS
H6030	SAVINGS INSTITUTIONS
H6060	CREDIT UNIONS
H6080	FOREIGN BANK & BRANCHES & AGENCIES
H6090	FUNCTIONS CLOSELY RELATED TO BANKING
H6110	FEDERAL & FED.-SPONSORED CREDIT
H6140	PERSONAL CREDIT INSTITUTIONS
H6150	BUSINESS CREDIT INSTITUTIONS
H6160	MORTGAGE BANKERS & BROKERS
H6210	SECURITY BROKERS & DEALERS
H6220	COMMODITY CONTRACTS BROKERS, DEALERS
H6230	SECURITY & COMMODITY EXCHANGES
H6280	SECURITY & COMMODITY SERVICES
H6310	LIFE INSURANCE
H6320	MEDICAL SERVICE & HEALTH INSURANCE
H6330	FIRE, MARINE, & CASUALTY INSURANCE
H6350	SURETY INSURANCE
H6360	TITLE INSURANCE
H6370	PENSION, HEALTH, & WELFARE FUNDS
H6390	INSURANCE CARRIERS, NEC
H6410	INSURANCE AGENTS, BROKERS, & SERVICE
H6510	REAL ESTATE OPERATORS & LESSORS
H6530	REAL ESTATE AGENTS & MANAGERS
H6531	REAL ESTATE APPRAISERS & BROKERS
H6540	TITLE ABSTRACT OFFICES
H6550	SUBDIVIDERS & DEVELOPERS
H6710	HOLDING OFFICES
H6720	INVESTMENT OFFICES
H6730	TRUSTS
H6790	MISC INVESTING

SERVICES

I7010	HOTELS & MOTELS
I7020	ROOMING & BOARDING HOUSES
I7030	CAMPS & RECREATIONAL VEHICLE PARKS
I7040	MEMBERSHIP-BASIS ORG. HOTELS
I7210	LAUNDRY, CLEANING, & GARMENTS
I7220	PHOTOGRAPHIC STUDIOS, PORTRAIT
I7230	BEAUTY SHOPS

I7240	BARBER SHOPS
I7250	SHOE REPAIR & SHOESHINE PARLORS
I7260	FUNERAL SERVICE & CREMATORIES
I7290	MISC PERSONAL SERVICES
I7291	TAX RETURN PREPARATION SERVICES
I7310	ADVERTISING
I7320	CREDIT REPORTING & COLLECTION
I7330	MAILING, REPRODUCTION, STENOGRAPHIC
I7336	COMMERICAL ART AND GRAPHIC DESIGN
I7340	SERVICES TO BUILDINGS
I7341	JANITORIAL SERVICES
I7342	DISINFECTING AND PEST CONTROL
I7349	BUILDING MAINTENANCE SERVICES
I7350	MISC EQUIPMENT RENTAL & LEASING
I7360	PERSONNEL SUPPLY SERVICES
I7370	COMPUTER & DATA PROCESSING SERVICES
I7371	COMPUTER PROGRAMMING
I7372	PREPACKAGED SOFTWARE
I7373	INTEGRATED SYSTEMS & CAD/CAM SYSTEMS
I7375	INFORMATION RETRIEVAL SYSTEMS
I7377	COMPUTER RENTAL AND LEASING
I7378	COMPUTER MAINTENANCE & REPAIR
I7380	MISC BUSINESS SERVICES
I7381	DETECTIVE & ARMORED CAR SERVICES
I7382	SECURITY SYSTEMS SERVICES
I7388	INTERIOR DECORATING & DESIGN
I7510	AUTOMOTIVE RENTALS, NO DRIVERS
I7520	AUTOMOBILE PARKING
I7530	AUTOMOTIVE REPAIR SHOPS
I7540	AUTOMOTIVE SERVICES, EXCEPT REPAIR
I7550	TOWING
I7620	ELECTRICAL REPAIR SHOPS
I7630	WATCH, CLOCK, & JEWELRY REPAIR
I7640	REUPHOLSTERY & FURNITURE REPAIR
I7690	MISC REPAIR SHOPS
I7698	LOCKSMITH
I7810	MOTION PICTURE & VIDEO TAPE PRODUCTION
I7820	MOTION PICTURE & VIDEO TAPE DISTRIBUTION
I7830	MOTION PICTURE THEATERS
I7840	VIDEO TAPE RENTAL
I7850	MISCELLANEOUS AUDIO VISUAL SERVICES
I7910	DANCE STUDIOS, SCHOOLS, & HALLS
I7920	PRODUCERS, ORCHESTRAS, ENTERTAINERS
I7930	BOWLING CENTERS
I7940	COMMERCIAL SPORTS
I7990	MISC AMUSEMENT, RECREATION SERVICES
I8010	OFFICES & CLINICS OF MEDICAL DOCTORS
I8020	OFFICES & CLINICS OF DENTISTS
I8030	OFFICES OF OSTEOPATHIC PHYSICIANS
I8040	OFFICES OF OTHER HEALTH PRACTITIONERS
I8050	NURSING & PERSONAL CARE FACILITIES
I8060	HOSPITALS

SERVICES (Continued)

I8070 MEDICAL LABORATORIES
 I8073 DRUG TESTING
 I8080 HOME HEALTH CARE SERVICES
 I8090 HEALTH & ALLIED SERVICES, NEC
 I8110 LEGAL SERVICES
 I8210 ELEMENTARY & SECONDARY SCHOOLS
 I8220 COLLEGES & UNIVERSITIES
 I8230 LIBRARIES
 I8240 VOCATIONAL SCHOOLS
 I8290 SCHOOLS & EDUCATIONAL SERVICES, NEC
 I8320 INDIVIDUAL & FAMILY SERVICES
 I8330 JOB TRAINING & RELATED SERVICES
 I8350 CHILD DAY CARE SERVICES
 I8360 RESIDENTIAL CARE
 I8390 SOCIAL SERVICES, NEC
 I8410 MUSEUMS & ART GALLERIES
 I8420 BOTANICAL & ZOOLOGICAL GARDENS
 I8610 BUSINESS ASSOCIATIONS
 I8620 PROFESSIONAL ORGANIZATIONS
 I8630 LABOR ORGANIZATIONS
 I8640 CIVIC & SOCIAL ASSOCIATIONS
 I8650 POLITICAL ORGANIZATIONS
 I8660 RELIGIOUS ORGANIZATIONS
 I8690 MEMBERSHIP ORGANIZATIONS, NEC
 I8720 ACCOUNTING, AUDITING, & BOOKKEEPING
 I8730 RESEARCH & TESTING SERVICES
 I8734 LABORATORY TESTING AND ANALYSIS
 I8740 MANAGEMENT & PUBLIC RELATIONS
 I8810 PRIVATE HOUSEHOLDS
 I8990 SERVICES, NEC
 I8991 RECYCLING

PUBLIC ADMINISTRATION

J9110 EXECUTIVE OFFICES
 J9120 LEGISLATIVE BODIES
 J9130 EXECUTIVE & LEGISLATIVE COMBINED
 J9190 GENERAL GOVERNMENT, NEC
 J9210 COURTS
 J9220 PUBLIC ORDER & SAFETY
 J9410 ADMIN. OF EDUCATIONAL PROGRAMS
 J9430 ADMIN. OF PUBLIC HEALTH PROGRAMS
 J9440 ADMIN. OF SOCIAL & MANPOWER PROGRAMS
 J9450 ADMINISTRATION OF VETERANS' AFFAIRS
 J9510 ENVIRONMENTAL QUALITY
 J9530 HOUSING & URBAN DEVELOPMENT
 J9610 ADMIN. OF GENERAL ECONOMIC PROGRAMS

J9620 REGULATIONS, ADMIN. OF TRANSPORTATION
 J9630 REGULATION, ADMIN. OF UTILITIES
 J9640 REGULATION OF AGRICULTURAL MARKETING
 J9650 REGULATION MISC COMMERCIAL SECTORS
 J9660 SPACE RESEARCH AND TECHNOLOGY
 J9710 NATIONAL SECURITY
 J9720 INTERNATIONAL AFFAIRS

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Roster of Certifying Agencies

Note: Underlined website includes the California Unified Certification Program Application Package.

If firm has its principal place of business in another state and is currently certified in that state, please contact the California Department of Transportation in the Northern Cluster .

<i>Southern Cluster</i>		
Area	Counties	Certifying Agencies
Riverside, Imperial & San Diego (RIS)	Imperial Riverside San Diego	<p>CITY OF SAN DIEGO Equal Opportunity Contracting Program 1010 Second Avenue, #500 San Diego, CA 92101 Phone: (619) 533-4492 Fax: (619) 533-4474 <u>www.sandiego.gov</u></p> <p><u>AIRPORT CONCESSIONS ONLY:</u> SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY Small & Emerging Business Department P.O. Box 82776 San Diego, CA 92138-2776 Phone: (619) 400-2569 Fax: (619) 400-2566 <u>www.san.org</u></p>
Los Angeles Area	Kern Los Angeles Orange San Bernardino San Luis Obispo Santa Barbara Ventura	<p>CITY OF LOS ANGELES Office of Contract Compliance 600 South Spring St., Suite 1300 Los Angeles, CA 90014 Phone: (213) 847-6480 Fax: (213) 847-5566 <u>www.lacity.org/bca</u></p> <p>ORANGE COUNTY TRANSPORTATION AUTHORITY (OCTA) Small Business Programs 550 South Main Street P.O. Box 14184 Orange, CA 92863-1584 Phone: (714) 560-5620 Fax: (714) 560-5792 <u>www.octa.net</u></p> <p>LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY (MTA) Diversity and Economic Opportunity Dept One Gateway Plaza Los Angeles, CA 90012 Phone: (213) 922-2600 Fax: (213) 922-7660 <u>www.mta.net</u></p>

Northern Cluster

Area	Counties	Certifying Agencies	
BayArea/ Central Valley	Alameda	SANTA CLARA VALLEY TRANSPORTATION AUTHORITY (VTA)	SAN MATEO COUNTY TRANSIT DISTRICT (SAMTRANS)/ PENINSULA CORRIDOR JOINT POWERS BOARD (JPB)
	Amador	Small & Disadvantaged Businesses	DBE Office
	Calaveras	3331 North First Street	1250 San Carlos Avenue
	Contra Costa	San Jose, CA 95134-1906	San Carlos, CA 94070
	Fresno	Phone: (408) 321-5962	Phone: (650) 508-7939
	Kings	Fax: (408) 955-9729	Fax: (650) 508-7738
	Madera	www.vta.org	www.samtrans.com
	Marin	BAY AREA RAPID TRANSIT DISTRICT (BART)	CENTRAL CONTRA COSTA TRANSIT AUTHORITY (CCCTA)
	Mariposa	Small and Disadvantaged Business	Office of Civil Rights
	Merced	Office of Civil Rights	2477 Arnold Industrial Way
	Monterey	1330 Broadway, #1702	Concord, CA 94520-5327
	Napa	Oakland, CA 94612	Phone: (925) 676-1976, ext. 207
	San Benito	Phone: (510) 464-6100	Fax: (925) 686-2630
	San Francisco	Fax: (510) 464-7587	www.cccta.org
	San Joaquin	www.bart.gov	SAN FRANCISCO PUBLIC TRANSPORTATION DEPT.
	San Mateo	SAN JOAQUIN REGIONAL RAIL COMMISSION	Accessible Services and Contract Compliance
	Santa Clara	DBE Liaison Officer	1145 Market Street, 7 th Floor
	Santa Cruz	5000 S. Airport Way, #102	San Francisco, CA 94103
	Solano	Stockton, CA 95206	Phone: (415) 934-3987
	Sonoma	Phone: (209) 468-5600	Fax: (415) 934-3980
	Stanislaus	Fax: (209) 468-5613	www.sfmuni.com
	Tulare	www.acerail.com	AIRPORT CONCESSIONS ONLY: SAN FRANCISCO INTERNATIONAL AIRPORT
	Tuolumne	CITY OF FRESNO	Airport Minority/Women Opportunity
		DBE Program	P.O. Box 8097
		2101 G Street, Building A	San Francisco, CA 94128
		Fresno, CA 93706	Phone: (650) 821-5021
		Phone: (559) 498-4071	Fax: (650) 821-5146
		Fax: (559) 488-1069	www.flysfo.com
		www.ci.fresno.ca.us	
Northern California	Alpine	CALIFORNIA DEPARTMENT OF TRANSPORTATION (CALTRANS)	YOLO COUNTY TRANSPORTATION DISTRICT
	Butte	Civil Rights MS 79	DBE Programs
	Colusa	1823 14 th Street	350 Industrial Way
	Del Norte	Sacramento, CA 95814	Woodland, CA 95776
	El Dorado	Phone: (916) 324-1700 or	Phone: (530) 661-0816, ext 17
	Glenn	(866) 810-6346	Fax: (530) 661-1732
	Humboldt	Fax: (916) 324-1862	www.yolobus.com
	Inyo	www.dot.ca.gov	
	Lake		
	Lassen		
	Mendocino		
	Modoc		
	Mono		